

Health Care Financing
Administration
Center

HCEA Statistics

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Health Care Financing Administration
Bureau of Data Management and Strategy
September 1985

**U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

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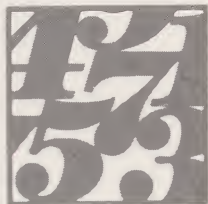
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Preface

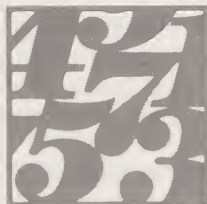
Since the Medicare and Medicaid programs began, health care expenditures have grown faster than the rest of the economy. Medicare and Medicaid have grown even faster than health expenditures in general. This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs.



The data are organized as follows:

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Highlights



Growth in HCFA programs and health expenditures

Populations

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to about 31 million in 1985, a 59-percent increase.

In 1967, Medicare enrollees represented 9.7 percent of the U.S. resident population; in 1985, they represented 12.7 percent.

- Medicaid recipients (data on eligibles are not available) increased from about 10 million in calendar year 1967 to 22 million in fiscal year 1985, an increase of 120 percent.

Data for 1985 indicate that 8.6 percent of the U.S. resident population received Medicaid services.

Providers/Suppliers

- The number of short-stay hospitals decreased by 169 from 6,198 to 6,029 between the end of 1967 and January 1985. However, the number of certified beds increased 256,000 or 33 percent during the same period.
- Skilled nursing facilities decreased from 4,405 in January 1968 to 3,928 in July 1976. Since then, the number has increased steadily to 6,183 in January 1985, a 57-percent increase.
- Skilled nursing facility beds decreased from 308,800 in January 1968 to 287,500 in January 1976. The number has increased steadily since then to 548,200 in January 1985, a 91-percent increase.
- The number of home health agencies increased 177 percent from 1,890 in January 1968 to 5,237 in January 1985.
- Independent laboratories increased 65 percent from 2,355 in January 1968 to 3,890 in January 1985.

Expenditures

- National health expenditures increased 652 percent between calendar year 1967 (\$51 billion) and calendar year 1984 (\$387 billion), while the gross national product increased 358 percent.
 - Public expenditures on health increased 744 percent between 1967 (\$19 billion) and 1984 (\$160 billion).
 - Federal health expenditures increased 840 percent between 1967 (\$12 billion) and 1984 (\$112 billion).
 - Total Medicare and Medicaid (including State and local share) expenditures increased 1,239 percent between
- 2 1967 (\$8 billion) and 1984 (\$103 billion).

- National health expenditures per person increased from \$248 in 1967 to \$1,580 in 1984, an increase of 537 percent.
- National health expenditures are projected to reach \$660 billion in 1990, with the Federal share being \$209 billion.

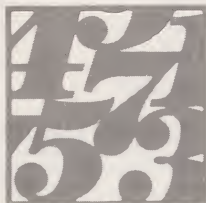
Utilization of Medicare and Medicaid Services

- About 40 million persons will receive services reimbursed under Medicare or Medicaid in fiscal year 1985. Approximately 15 million persons received some reimbursed services in calendar year 1967. This is an increase of 167 percent.
- One out of four, or about 10 million of these persons, will use inpatient hospital services covered under Medicare or Medicaid.
- Four out of five, or about 32 million of these persons, will receive reimbursable physician services under Medicare or Medicaid this year.
- About 20 million persons will receive reimbursable outpatient hospital services under Medicare or Medicaid this year.
- About 700,000 persons will receive care covered by Medicare or Medicaid in skilled nursing facilities this year.
- About 1 million persons will receive covered intermediate care facilities care under Medicaid this year.
- About 1.6 million persons will receive reimbursable home health agencies visits under Medicare or Medicaid this year.
- About 14 million persons will receive drug prescriptions under Medicaid this year.



Populations

Information about persons covered by Medicare and Medicaid



For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

MEDICARE ENROLLMENT/TRENDS

	Total Persons	Aged Persons	Disabled Persons
(in millions)			
July			
1966	19.1	19.1	—
1970	20.5	20.5	—
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1982	29.5	26.5	3.0
1983	30.0	27.1	2.9
1984	30.5	27.6	2.9
1985 ¹	31.2	28.2	3.0
1986 ¹	31.8	28.8	3.0

¹Estimated.

MEDICARE ENROLLMENT/COVERAGE

	HI and/or SMI ¹	HI	SMI
(in millions)			
All Persons	30.5	30.0	29.4
Aged Persons	27.6	27.1	26.8
Disabled Persons	2.9	2.9	2.7

(July 1984)

¹Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICAL ENROLLMENT/DEMOGRAPHICS

	Total	Male	Female
(in thousands)			
All Persons	30,455	12,874	17,580
Aged Persons	27,571	11,044	16,526
65-74	16,084	7,030	9,054
75-84	8,709	3,222	5,487
85 and over	2,778	793	1,985
Disabled Persons	2,884	1,830	1,054
Under 45	810	532	279
45-54	584	382	203
55-64	1,490	917	573
White	26,578	11,183	15,395
Other Races	3,000	1,338	1,662
Unknown	877	354	523

(July 1984)

MEDICARE ENROLLMENT/REGION

	July 1, 1984		Enrollee as Percent of Population
	Resident Population	Medicare Enrollees	
(in thousands)			
All Regions	239,860	¹ 30,218	12.6
Boston	12,577	1,745	13.9
New York	28,646	3,795	13.2
Philadelphia	25,074	3,310	13.2
Atlanta	41,306	5,658	13.7
Chicago	45,767	5,796	12.7
Dallas	27,522	2,947	10.7
Kansas City	11,962	1,726	14.4
Denver	7,557	769	10.2
San Francisco	30,925	3,435	11.1
Seattle	8,524	1,015	11.9

¹Includes enrollees with unknown State of residence, but excludes those living in foreign countries.

MEDICAID RECIPIENTS/TRENDS

	1975	1980	1984	1985 ¹	1986 ¹
(in millions)					
Total	22.0	21.6	21.9	22.1	22.5
Aged	3.6	3.4	3.3	3.3	3.3
Blind/Disabled	2.4	2.8	3.1	3.2	3.2
Children under					
Age 21 and other	11.4	10.8	11.0	11.0	11.4
AFDC-Adults ²	4.6	4.6	5.6	5.7	5.7

(Fiscal year data)

¹Estimated.

²Aid for Families with Dependent Children (AFDC).

MEDICAID RECIPIENTS/STATE BUY-IN FOR MEDICARE

	Calendar Year		
	1983	1982	1975
All Eligibles (thousands)	3,095	3,148	3,364
Aged Eligibles	81%	81%	87%
Disabled Eligibles	19%	19%	13%

MEDICAID RECIPIENTS/DEMOGRAPHICS

	Fiscal Year 1984
All Recipients (millions)	21.6
Age—50 Reporting Jurisdictions (millions)	19.1
Under 6	16.7%
6-20	30.4%
21-64	34.4%
65 and over	18.5%
Sex—49 Reporting Jurisdictions (millions)	19.2
Male	36.3%
Female	63.7%
Race—43 Reporting Jurisdictions (millions)	14.6
White	48.3%
Other	51.7%

MEDICAID RECIPIENTS/REGION

	FY 1984 Medicaid Recipients in thousands
All Regions	21,554
Boston	1,117
New York	4,391
Philadelphia	2,142
Atlanta	2,913
Chicago	4,227
Dallas	1,565
Kansas City	762
Denver	338
San Francisco	3,628
Seattle	471

II

Providers /Suppliers

Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies



These data are distributed by major provider/supplier categories, geographic region, and type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

INPATIENT HOSPITALS/TRENDS

	1985	1980	1975
Total Hospitals	6,676	6,780	6,707
Beds (thousands)	1,146	1,152	1,132
Beds per 1,000 Enrollees	42.6	46.9	51.5
Short-Stay	6,029	6,111	6,084
Beds (thousands)	1,028	988	884
Beds per 1,000 Enrollees	38.2	40.2	40.2
Psychiatric	448	408	358
Beds (thousands)	95	136	207
Beds per 1,000 Enrollees	3.5	5.5	9.4
Other Long-Stay	199	261	265
Beds (thousands)	23	29	42
Beds per 1,000 Enrollees	0.9	1.2	1.9

(Data as of January 1; rates based on number of aged HI enrollee, July 1).

Facilities certified for Medicare are deemed to meet Medicaid standards.

INPATIENT HOSPITALS/REGION

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Regions	6,029	38.2	647	4.4
Boston	264	32.7	64	8.8
New York	432	35.0	78	9.7
Philadelphia	481	37.6	92	5.6
Atlanta	1,104	38.8	106	2.9
Chicago	1,083	40.9	98	2.5
Dallas	913	44.8	60	3.1
Kansas City	542	42.5	43	3.7
Denver	330	40.4	28	5.6
San Francisco	621	34.7	63	2.5
Seattle	259	28.3	15	3.7

(January 1985 data; rates based on number of aged HI enrollees, July 1, 1984.)

SKILLED NURSING FACILITIES/REGION

	Title XVIII and XVIII/XIX Facilities	Beds	Title XIX Only Facilities	Beds
All Regions	6,183	548,201	2,422	210,127
Boston	410	28,750	285	15,952
New York	701	94,062	89	9,480
Philadelphia	764	59,042	93	5,518
Atlanta	1,036	85,906	391	37,607
Chicago	1,393	130,466	733	73,667
Dallas	96	5,495	272	22,435
Kansas City	214	18,050	89	6,338
Denver	255	23,123	158	13,551
San Francisco	1,073	95,668	175	13,825
Seattle	241	7,639	137	11,754

(January 1985)

OTHER TITLE XIX LONG-TERM CARE FACILITIES/REGION

	General Intermediate Care Facilities		ICF's for Mentally Retarded ¹
	Number	Beds	
All Regions	11,582	1,014,905	2,577
Boston	908	54,085	256
New York	472	51,687	516
Philadelphia	862	90,919	148
Atlanta	1,723	151,728	188
Chicago	3,287	306,823	933
Dallas	1,682	152,104	240
Kansas City	1,297	101,024	58
Denver	559	45,171	44
San Francisco	288	22,070	125
Seattle	504	39,294	69

¹ Intermediate care facility beds not available.

(January 1985)

OTHER MEDICARE PROVIDERS AND SUPPLIERS/TRENDS

	1985	1980	1975
Home Health Agencies	5,237	2,858	2,254
Independent Laboratories	3,890	3,448	2,994
End-Stage Renal Disease Facilities	1,367	975	—
Outpatient Physical Therapy	827	386	115
Portable X-Ray	281	210	131
Rural Health Clinics	432	359	—
Comprehensive Outpatient Rehabilitation Facilities	61	—	—
Ambulatory Surgical Center	253	—	—
Hospice	159	—	—

(January 1985)

SELECTED FACILITIES/TYPE OF CONTROL

	Short- Stay Hospital	Skilled Nursing Facilities	Home Health Agencies
All Facilities	6,029	6,183	5,237
Nonprofit	55.4%	22.6%	38.1%
Proprietary	13.0%	69.5%	33.5%
Government	31.6%	8.0%	28.4%

(January 1985. Facilities certified for Medicare are deemed to meet Medicaid standards.)

PERIODIC INTERIM PAYMENT (PIP) FACILITIES/TREND

	1984	1983	1980	1975
Hospitals				
Number of PIP	3,201	2,677	2,276	1,524
Percent of Total Participating	48.0	38.5	33.8	22.5
Skilled Nursing Facilities				
Number of PIP	243	236	203	161
Percent of Total Participating	4.1	4.2	3.9	4.1
Home Health Agencies				
Number of PIP	785	683	481	86
Percent of Total Participating	16.6	16.6	16.0	3.8

PHYSICIAN/TRENDS

	1982		1970	
	Number	Percent	Number	Percent
Non-Federal Physicians				
Active in Patient Care	393,291	100.0	255,027	100.0
Medical Specialties	118,386	30.1	60,968	23.9
Surgical Specialties	110,957	28.2	75,991	29.8
Other Specialties	105,530	26.8	63,970	25.1
General and Family Practice	58,418	14.9	54,098	21.2

PHYSICIANS/REGION

	Non-Federal Physicians Active in Patient Care	Physicians Per 100,000 Population
All Regions	393,291	167
Boston	26,559	214
New York	59,218	209
Philadelphia	45,742	184
Atlanta	55,839	139
Chicago	71,334	156
Dallas	35,784	134
Kansas City	16,531	140
Denver	10,728	147
San Francisco	58,670	198
Seattle	12,886	154

(Physicians as of December 1982; resident population as of July 1982.)

MEDICARE ASSIGNED CLAIMS/REGION

	1984 Net Assignment Rates	1980 Net Assignment Rates
All Regions	59.0	51.5
Boston	73.7	67.4
New York	64.6	51.8
Philadelphia	73.4	61.6
Atlanta	55.9	52.3
Chicago	56.0	47.6
Dallas	56.2	50.3
Kansas City	45.0	40.4
Denver	41.5	39.5
San Francisco	59.2	53.2
Seattle	34.8	31.3

(Calendar year data)

III

Expenditures

Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

HCFA AND TOTAL FEDERAL DISBURSEMENTS

	Fiscal Year 1984
	(in billions)
Total Federal Budget ¹	\$851.8
Department of Health and Human Services ¹	292.2
(Percent of Federal Budget)	(34.3)
HCFA Budget	
Medicare Benefit Payments	60.9
Medicaid Medical Assistance Payments	19.0
HCFA Program Management	1.5
State and Local Administration/Training	1.1
Other Administrative Expenses	0.2
PRO's ²	-0-
Total (unadjusted)	82.7
Offsetting and Proprietary Receipts	-4.9
Total Net of Offsetting and Proprietary Receipts ¹	77.8
(Percent of Federal Budget)	(9.1)

¹ Does not include off-budget entities, net of offsetting receipts

² Professional review organizations (PRO's)

PROGRAM BENEFIT PAYMENTS/TRENDS

	Total	Medicare	Medicaid ¹
	(in billions)		
Calendar Year			
1966	\$ 2.5	\$ 1.0	\$ 1.5
1970	12.3	7.1	5.2
1980	60.9	35.7	25.2
1982	82.4	51.1	31.3
1983	91.4	57.4	34.0
1984	99.8	63.1	36.7

¹ Total medical assistance payments. Federal and State expenditures combined.

PROGRAM BENEFIT PAYMENTS/REGION

	Medicare	Medicaid	
		Computable ¹	Net Adjusted ²
		(in millions)	
All Regions	³ \$60,922	\$35,745	\$19,624
Boston	3,688	2,572	1,382
New York	7,865	8,266	4,076
Philadelphia	7,062	3,411	1,882
Atlanta	10,224	4,030	2,764
Chicago	11,823	7,629	4,086
Dallas	5,795	3,005	1,811
Kansas City	3,162	1,213	696
Denver	1,348	741	440
San Francisco	8,223	4,035	2,035
Seattle	1,733	843	453

(Fiscal year 1984)

¹Total medical assistance payments computable for Federal funding.

²Net adjusted Federal share.

³Excludes residence unknown (\$12 million) and residents of foreign countries (\$15 million).

MEDICARE/TRUST FUND PROJECTIONS

	Fiscal Year		
	1984	1985	1986
	(in billions)		
HI Benefit Payments ¹	\$41.5	\$47.9	\$48.2
Aged	36.7	42.5	42.9
Disabled	4.7	5.4	5.4
SMI Benefit Payments ¹	19.5	22.1	25.0
Aged	16.6	18.8	21.3
Disabled	2.9	3.3	3.7

¹1985 Annual Reports of the Board of Trustees of the Federal Hospital Insurance (HI) Trust Fund and Supplementary Medical Insurance (SMI) Trust Fund.

MEDICARE/TYPE OF BENEFIT

	FY 1984 Benefit Payments in millions	Percent Distribution
Total HI ¹	\$41,461	100.0
Inpatient Hospital	39,035	94.1
Skilled Nursing Facility	545	1.3
Home Health Agency	1,879	4.5
Hospice	2	0.0
Total SMI ¹	\$19,475	100.0
Physician/Other Suppliers	14,334	73.6
Radiology and Pathology	604	3.1
Outpatient Hospital	3,739	19.2
Home Health Agency	19	0.1
Group Practice Prepayment	506	2.6
Independent Laboratory	273	1.4

¹Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICAID/BASIS OF ELIGIBILITY

	FY 1983 Vendor Payments in millions	Percent Distribution
Total	\$32,351	100.0
Aged	11,954	37.0
Blind/Disabled	11,366	35.2
Children under Age 21	3,822	11.8
AFDC — Adults ¹	4,483	13.9
Other Title XIX	725	2.2

¹Aid for Families with Dependent Children (AFDC).

MEDICAID/TYPE OF SERVICE

	Fiscal Year	
	1983	1982
	(in billions)	
Total Vendor Payments	\$32.4	\$29.4
	(percent of total)	
Inpatient Services	30.1	29.4
General Hospitals	27.2	26.1
Mental Hospitals	2.9	3.3
ICF Services ¹	29.2	28.7
Mentally Retarded	12.6	11.8
All Other	16.6	16.9
Skilled Nursing Facility Services	14.3	15.1
Physician Services	6.7	1.0
Prescribed Drugs	5.5	5.4
Outpatient Hospital Services	4.8	4.9
Dental Services	1.4	1.7
Home Health Services	1.8	1.7
Clinic Services	1.5	1.4
Other Practitioner Services	0.7	0.8
Laboratory and Radiological Services	0.6	0.5
Family Planning Services	0.5	0.5
Other Care	2.9	2.9

¹Intermediate care facility (ICF).

NATIONAL HEALTH CARE/TRENDS

	Calendar Year			
	1984	1983	1980	1965
National Total (billions)	\$387.4	\$355.1	\$247.5	\$41.9
Percent of GNP ¹	10.6	10.7	9.4	6.1
Per Capita Amount	\$1,580	\$1,461	\$1,049	\$207
Source of Funds	(percent of total)			
Private	58.6	58.3	57.4	73.8
Public	41.4	41.7	42.6	26.2
Federal	28.9	28.9	28.7	13.2
State/Local	12.5	12.8	13.9	13.0

¹Gross national product (GNP).

NATIONAL HEALTH CARE/PROJECTIONS

	Calendar Year	
	1990	1988
National Total (billions)	\$660.1	\$552.4
Percent of GNP ¹	11.3	10.9
Per Capita Amount	\$2,551	\$2,171
Source of Funds	(percent of total)	
Private	56.9	57.3
Public	43.1	42.6
Federal	31.6	30.9
State/Local	11.5	11.7

¹Gross national product (GNP).

NATIONAL HEALTH CARE/TYPE OF EXPENDITURE

	National Total in billions	Per Capita Amount	Percent Paid		
			Total	Medicare	Medicaid
Total	\$387.4	\$1,580	26.7	16.7	10.0
Health Services and					
Supplies	371.6	1,515	27.8	17.4	10.4
Personal Health Care	341.8	1,394	29.2	18.4	10.7
Hospital Care	157.9	644	37.0	28.1	8.9
Physicians' Services	75.4	307	23.4	19.3	4.1
Nursing Home Care	32.0	131	45.1	1.8	43.4
Other Personal Care	76.5	312	12.0	4.6	7.4
Other Services and					
Supplies	29.7	121	11.8	5.3	6.6
Research/Construction	15.8	64	—	—	—

(Calendar year 1984)

PERSONAL HEALTH CARE/PAYMENT SOURCE

	Calendar Year		
	1984	1983	1970
	(in billiions)		
Total	\$341.8	\$315.2	\$65.4
	(percent)		
Total	100.0	100.0	100.0
Private			
Out-of-Pocket	27.9	27.4	40.5
Other Private	32.5	33.0	25.1
Public			
Medicare	18.4	18.2	10.9
Medicaid	10.7	10.8	8.0
Other Public	10.4	10.6	15.5

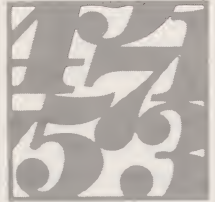
**PER CAPITA SPENDING AND SOURCES OF FUNDS FOR
PERSONAL HEALTH CARE EXPENDITURES FOR PERSONS
65 YEARS OF AGE AND OLDER 1984 AND 1977**

	Total	Hospital Care	Physicians' Services	Nursing Home Care	Other Care
Calendar Years					
1984					
Total	\$4,202	\$1,900	\$868	\$880	\$554
			(percent)		
Private	32.8	11.4	39.7	51.9	65.3
Consumer	32.4	11.0	39.6	51.2	64.8
Out-of-Pocket	25.2	3.1	26.1	50.1	59.9
Insurance	7.2	7.9	13.5	1.1	4.9
Other	0.4	0.4	.0	0.7	0.5
Government	67.2	88.6	60.3	48.1	34.7
Medicare	48.8	74.8	57.8	2.1	19.9
Medicaid	12.8	4.8	1.9	41.5	11.4
Other	5.6	9.1	0.7	4.4	3.4
1977					
Total	\$1,785	\$777	\$320	\$440	\$248
			(percent)		
Private	36.1	12.3	42.7	50.7	76.2
Consumer	35.7	12.0	42.7	50.0	75.5
Out-of-Pocket	29.3	4.9	27.6	49.2	72.3
Insurance	6.4	7.1	15.1	0.8	3.2
Other	0.4	0.3	.0	0.7	0.6
Government	63.9	87.7	57.3	49.3	23.8
Medicare	44.1	74.5	53.4	3.3	9.6
Medicaid	13.9	3.9	3.0	41.6	10.4
Other	5.9	9.3	0.9	4.4	3.8

IV

Utilization

Information about the use of health care services



Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care use include: persons served; units of service; (e.g., admissions, discharges, days of care, etc.); and dimensions of the services rendered; (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, by provider characteristics, by type of service, and by demographic and geographic variables.

MEDICARE/SHORT-STAY HOSPITAL

	Total	Aged	Disabled
Number of Admissions (millions)	11.7	10.4	1.3
Days of Care			
Total (millions)	113.4	100.8	12.5
Rate per 1,000 Enrollees	3,832	3,781	4,300
Covered (millions)	110.5	98.3	12.2
Average Length of Stay per Discharge	9.9	9.9	9.5
Covered Charges			
Total (billions)	\$54.2	\$47.9	\$ 6.3
Mean per Covered Day	\$ 490	\$ 487	\$ 518
Interim Reimbursement			
Total (billions)	\$34.8	\$30.8	\$ 4.0
Mean per Covered Day	\$ 315	\$ 313	\$ 331

(Calendar year 1983)

Revised estimates.

MEDICARE/LONG-TERM CARE

	Total	Aged	Disabled
Skilled Nursing			
Covered Days (millions)	9.1	8.8	0.3
Interim Reimbursement			
Total (millions)	\$ 458	\$ 442	\$ 16
Mean per Covered Day	\$ 51	\$ 51	\$ 54
Long-Stay Inpatient			
Covered Days (millions)	2.7	1.7	1.0
Interim Reimbursement			
Total (millions)	\$ 465	\$ 322	\$143
Mean per Covered Day	\$ 171	\$ 187	\$143
Home Health			
Visits (millions)	37.5	34.6	2.9
Charges			
Total (millions)	\$1,684	\$1,551	\$133
Visit (millions)	\$1,622	\$1,496	\$126
Mean per Visit	\$ 43	\$ 43	\$ 43
Interim Reimbursement (millions)	\$1,424	\$1,313	\$111

(Calendar year 1983)

Revised estimates.

MEDICARE PERSONS SERVED/TRENDS

	Calendar Year			
	1985 ¹	1980	1975	1967
Aged Persons Served per 1,000 Enrollees				
HI and/or SMI ²	700	638	528	367
HI	260	240	221	203
SMI	710	652	536	365
Disabled Persons Served per 1,000 Enrollees				
HI and/or SMI ²	670	594	450	—
HI	260	246	219	—
SMI	720	634	471	—

¹Estimated.

²Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE PERSONS SERVED/TYPE OF SERVICE

	Aged Persons Served in thousands	Served per 1,000 Enrollees	Disabled Persons Served in thousands	Served per 1,000 Enrollees
HI and/or SMI ¹	17,897	660	1,835	629
HI	6,691	251	752	258
Inpatient Hospital	6,441	242	729	250
Skilled Nursing Facility	256	10	8	3
Home Health Agency	1,228	46	90	31
SMI				
Physician and Other Medical	17,209	654	1,714	639
Outpatient	8,065	307	1,024	382
Home Health Agency	20	1	*	—

(Calendar year 1983)

¹Hospital insurance (HI); supplementary medical insurance (SMI).

*Less than 0.5

MEDICARE PERSONS SERVED/REGION

	Aged Persons Served in thousands	Served per 1,000 Enrollees	Disabled Persons Served in thousands	Served per 1,000 Enrollees
All Regions	17,892	666	1,834	632
Boston	1,142	719	93	673
New York	2,316	688	244	599
Philadelphia	1,994	680	214	649
Atlanta	3,222	655	391	622
Chicago	3,408	654	335	647
Dallas	1,646	627	164	571
Kansas City	972	614	80	601
Denver	450	643	35	609
San Francisco	2,130	703	228	711
Seattle	611	672	50	616

(Calendar year 1983 data; served under hospital insurance (HI) and/or supplementary medical insurance (SMI)).

MEDICARE/END STAGE RENAL DISEASE

	Calendar Year	
	1982	1983
Total Enrollees ¹	76,117	89,427
Dialysis Patients ²	65,765	71,987
In-Center	54,032	58,342
Home	11,733	13,645
Transplants Performed ³	5,358	6,112
Living Donor	1,677	1,784
Cadaveric Donor	3,681	4,328
Average Dialysis Payment Rate		
Hospital-Based Facilities	\$174	\$135
Freestanding Facilities	\$138	\$133

¹Medicare ESRD enrollees as of July 1.

²Includes Medicare and non-Medicare patients receiving dialysis as of December 31.

³Includes Medicare and non-Medicare reimbursed transplants.

MEDICAID/TYPE OF SERVICE

	Recipients in thousands
Total	21,554
Inpatient Services	
General Hospitals	3,696
Mental Hospitals	80
Skilled Nursing Facility Services	574
Intermediate Care Facility Services	
Mentally Retarded	151
All Other	793
Physician Services	14,056
Dental Services	4,940
Other Practitioner Services	3,306
Outpatient Hospital Services	10,069
Clinic Services	1,760
Laboratory and Radiological Services	4,462
Home Health Services	422
Prescribed Drugs	13,732
Family Planning Services	1,538
Other Care	2,612

(Fiscal year 1983)

MEDICAID/UNITS OF SERVICE

	Number in thousands
General Hospital	
Total Discharges	3,989
Recipients Discharged	2,720
Total Days of Care	30,284
Skilled Nursing Facility	
Total Recipients	574
Total Days of Care	123,114
Intermediate Care Facility (MR ¹)	
Total Recipients	151
Total Days of Care	43,569
Intermediate Care Facility (General)	
Total Recipients	793
Total Days of Care	201,199
Physician Visits	89,868
Rural Health Clinic Visits	201
Home Health Services Visits	7,070
Drug Prescriptions	177,437

(Based on reporting States in fiscal year 1983)

¹Mentally retarded.

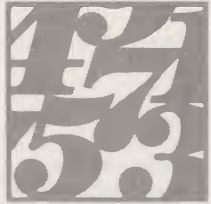
MEDICAID/ABORTIONS

	Fiscal Year		
	1982	1983	1984 ¹
Total Number Reported	1,033	528	293
Annual Percent Change	—	— 48.9	— 44.5
Total Expenditures (thousands)	\$556	\$367	\$342
Annual Percent Change	—	— 34.0	— 6.8

¹Based on incomplete State data.

Administrative /Operating

Information on activities and services related to oversight of the day-to-day operations of HCFA programs



Included are data on Medicare contractors, contractor activities and performance, HCFA and State Agency administrative costs, quality control, and summaries of the operation of the Medicare trust funds.

MEDICARE ADMINISTRATIVE EXPENSES/TRENDS

	Administrative Expenses in millions	Ratio to Benefit Payments
HI Trust Fund ¹		
1970	\$157	3.1%
1975	266	2.4
1980	512	2.0
1983	540	1.4
1984	629	1.5
SMI Trust Fund ¹		
1970	\$237	12.0%
1975	462	10.8
1980	610	5.7
1983	878	4.8
1984	891	4.5

(Calendar year data)

¹Hospital insurance (HI); supplementary medical insurance (SMI).

MEDICARE/CONTRACTORS

	Part A Intermediaries	Part B Carriers	Part A And Part B
Blue Cross/Blue Shield	47	28	1
Other	7	10	—

(January 1985)

MEDICARE/CLAIMS PROCESSING COSTS

	Net Unit Cost Per Claim		
	1975	1980	1984
Part A Intermediaries	\$3.84	\$2.96	\$2.65
Part B Carriers	\$2.90	\$2.33	\$2.04

(Fiscal year data)

MEDICARE/CLAIMS PROCESSING

	Part A Intermediaries	Part B Carrier
Claims Processed (millions)	49.1	224.7
Total Costs (millions)	\$297.5	\$524.1
Claims Processing Costs (millions) ¹	\$111.7	\$434.8
Claims Processing Unit Costs ¹	\$ 2.65	\$ 2.04
Range ¹ :		
High	\$ 5.72	\$ 2.87
Low	\$ 1.55	\$ 1.58
Average Processing Time (days)	8.5	11.5

(Fiscal year 1984)

¹Data are not comparable to prior years due to changes in definitions and reporting of costs.

MEDICARE/CLAIMS RECEIVED

	Calendar Year 1984
Intermediary (thousands)	50,879
Inpatient Hospital	23.6%
Outpatient Hospital	58.9%
Home Health Agency	10.5%
Skilled Nursing Facility	1.8%
Other	5.2%
Carrier (thousands)	238,362
Assigned HCFA-1490	58.8%
Unassigned HCFA-1490	40.8%
HCFA 1554 and 1556	0.4%

MEDICARE/REASONABLE CHARGE REDUCTIONS

	Assigned HCFA-1490	Unassigned HCFA-1490
Claims Approved		
Number (thousands)	128,559	88,594
Percent Reduced	80.8	83.7
Total Covered Charges		
Amount (millions)	\$16,571	\$11,216
Percent Reduced	25.4	24.2
Amount Reduced per Claim	\$ 32.75	\$ 30.68

(Calendar year 1984)

MEDICARE/APPEALS

	Part A Reconsiderations	Part B Reviews
Received	N/A	3,154,970
Processed	32,898	3,041,703
Affirmed	84.2%	41.0%

(Calendar year 1984)

Not available.

MEDICAID/ADMINISTRATION AND TRAINING¹

	Fiscal Year	
	1983 ²	1984 ³
	(in thousands)	
Total Payments Computable for Federal Funding	\$1,552,463	\$1,737,641
Administration:		
Family Planning	\$ 1,589	\$ 4,966
Design, Development or Installation of MMIS ⁴	20,534	13,461
Skilled Professional Medical Personnel	146,126	150,093
Operation of an Approved MMIS ⁴	281,687	289,041
Other Financial Participation	452,186	552,953
Mechanized Systems Not Approved Under MMIS ⁴	21,764	14,993
Total Administration (Federal Share)	\$ 923,886	\$1,025,507
Total Training (Federal Share)	5,152	4,856
Total Current Expenditures (Federal Share)	\$ 929,038	\$1,030,363
Net Adjusted Federal Share ⁵	\$ 947,450	\$1,063,645

¹The effect of Section 2161 of the Omnibus Budget Reconciliation Act of 1981 is not included in this schedule.

²Expenditure information on hand as of April 5, 1984.

³State estimates as submitted November 1984. Net adjusted Federal share includes cash flow adjustments.

⁴Medicaid Management Information System.

⁵Includes State reported and HCFA adjustments.

QUALITY CONTROL/MEDICARE PART B CARRIERS

	Average Carrier Error Rate		
	1984	1983	1977
Occurrence (Claims Processing errors per 100 line items)	6.4	6.0	8.7
Assigned	5.7	5.5	8.3
Hospital-Based	6.5	7.2	7.8
Unassigned	7.4	6.5	9.2
Payment/Deductible (Dollar error per \$100 of submitted charges)			
With Non-Review Penalty	1.8	1.6	2.2
Without Non-Review Penalty	1.8	1.6	1.9
Assigned	1.7	1.5	1.8
Hospital-Based	1.6	1.0	1.4
Unassigned	1.8	1.7	2.0

(Calendar year data)

QUALITY CONTROL/MEDICAID

	Eligibility National Average Error Rate ¹
Fiscal year	(percent of dollars)
1980	5.1
1981	3.8
1982	22.8
1983	22.8

¹Excludes Supplemental Security Income Determinations.

²The Tax Equity and Fiscal Responsibility Act of 1982 mandated the exclusion of certain errors from the Medicaid Quality Control System thereby lowering error rates.

Reference

Selected reference material on cost-sharing features of the Medicare programs, program financing, administrative regions, and Medicaid Federal matching percentages



MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS

Part A (effective date)	Amount
Inpatient hospital deductible (1/1/85)	\$400/benefit period
Regular coinsurance day (1/1/85)	\$100/day for 61st thru 90th day
Lifetime reserve day (1/1/85)	\$200/day (60 nonrenewable days)
SNF coinsurance day (1/1/85)	\$50/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary HI premium (1/85)	\$174/month

Part B (effective date)	Amount
Deductible (1/1/82)	\$75 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance	20 percent of reasonable charges

Premium (1/1/85)	\$15.50/month
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Limitations:

Outpatient treatment for mental illness	50 percent of approved charges/\$250 maximum annual program payment
Licensed physical therapist's services in home or office (1/1/82)	\$400 maximum annual program payment

PROGRAM FINANCING

Medicare/Source of Income

Hospital Insurance (HI) Trust Fund:

1. Payroll taxes*
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments
6. Interfund loan repayment

	1984	1985
* Contribution rate	<hr/> percent	
Employees and employers, each	1.30	1.35
Self-employed	2.60	2.70

Calendar year 1985 maximum taxable amount: \$39,600

Supplementary Medical Insurance (SMI) Trust Fund:

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

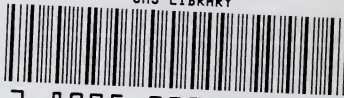
Medicaid/Financing

1. Federal contributions (ranging from 50 to 78 percent)
2. State contributions (ranging from 22 to 50 percent)

**GEOGRAPHICAL JURISDICTIONS OF HCFA REGIONAL OFFICES
AND FEDERAL MEDICAL ASSISTANCE PERCENTAGES (FMAP)
FISCAL YEARS 1986-87**

I. Boston		FMAP	VI. Dallas		FMAP
Connecticut		50	Arkansas		74
Maine		69	Louisiana		64
Massachusetts		50	New Mexico		69
New Hampshire		55	Oklahoma		58
Rhode Island		56	Texas		54
Vermont		67			
II. New York			VII. Kansas City		
New Jersey		50	Iowa		59
New York		50	Kansas		50
Puerto Rico		50	Missouri		61
Virgin Islands		50	Nebraska		57
Canada		N/A			
III. Philadelphia			VIII. Denver		
Delaware		50	Colorado		50
Dis. of Columbia		50	Montana		66
Maryland		50	North Dakota		55
Pennsylvania		57	South Dakota		68
Virginia		53	Utah		73
West Virginia		72	Wyoming		50
IV. Atlanta			IX. San Francisco		
Alabama		72	Arizona		62
Florida		56	California		50
Georgia		66	Hawaii		51
Kentucky		70	Nevada		50
Mississippi		78	American Samoa		50
North Carolina		69	Guam		50
South Carolina		73	N. Mariana Islands		50
Tennessee		70	Mexico		N/A
V. Chicago			X. Seattle		
Illinois		50	Alaska		50
Indiana		63	Idaho		69
Michigan		57	Oregon		62
Minnesota		53	Washington		50
Ohio		58			
Wisconsin		58			

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